

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966877	(X3) DATE SURVEY COMPLETED R 08/07/2018
NAME OF PROVIDER OR SUPPLIER ROSEMONT GARDENS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1842 KREIDT DR ORLANDO, FL 32818	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

8/7/18 desk review conducted to complaint #2018000632. Rosemont Gardens Inc., license #10977, had no deficiencies at the time of the review.